

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application Number</td> <td>10/691,841</td> </tr> <tr> <td>Filing Date</td> <td>10-23-2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Mohammed Samji</td> </tr> <tr> <td>Art Unit</td> <td>2162</td> </tr> <tr> <td>Examiner Name</td> <td>Ly, Anh</td> </tr> <tr> <td>Attorney Docket Number</td> <td>003797.01275/MFCP.139945</td> </tr> </table>	Application Number	10/691,841	Filing Date	10-23-2003	First Named Inventor	Mohammed Samji	Art Unit	2162	Examiner Name	Ly, Anh	Attorney Docket Number	003797.01275/MFCP.139945
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First Named Inventor	Mohammed Samji												
Art Unit	2162												
Examiner Name	Ly, Anh												
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I hereby revoke all previous powers of attorney given in the above-identified application.			
<input type="checkbox"/> A Power of Attorney is submitted herewith.			
OR			
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<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:			
<input checked="" type="checkbox"/> The address associated with Customer Number:			45809
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I am the:			
<input type="checkbox"/> Applicant/Inventor.			
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record			
Signature			
Name	D. Bartley Espenou		
Date	3/19/08		Telephone
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
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